

GLENHAVEN

612 E OAK ST

GLENWOOD CITY 54013 Phone:(715) 265-4555

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 44

Total Licensed Bed Capacity (12/31/04): 44

Number of Residents on 12/31/04: 42

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 40

Non-Profit Corporation

Skilled

No

Yes

Yes

40

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.2	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		54.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	4.8	More Than 4 Years		19.0	
Day Services	No	Mental Illness (Org./Psy)	50.0	65 - 74	7.1			-----	
Respite Care	Yes	Mental Illness (Other)	14.3	75 - 84	21.4			100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	23.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	4.8		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	9.5	65 & Over	95.2	-----			
Transportation	No	Cerebrovascular	0.0		-----	RNs		11.8	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		9.3	
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	19.0	Male	23.8	Aides, & Orderlies			
Mentally Ill	Yes	-----	-----	Female	76.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	3	100.0	321	27	93.1	120	0	0.0	0	9	100.0	127	0	0.0	0	1	100.0	175	40	95.2	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	2	6.9	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.8	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	3	100.0		29	100.0		0	0.0		9	100.0		0	0.0		1	100.0		42	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	13.3	Bathing	0.0	85.7	14.3	42
Private Home/With Home Health	0.0	Dressing	7.1	78.6	14.3	42
Other Nursing Homes	3.3	Transferring	16.7	57.1	26.2	42
Acute Care Hospitals	81.7	Toilet Use	21.4	47.6	31.0	42
Psych. Hosp.-MR/DD Facilities	0.0	Eating	42.9	42.9	14.3	42
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.7	Continence	%	Special Treatments	%	
Total Number of Admissions	60	Indwelling Or External Catheter	7.1	Receiving Respiratory Care	7.1	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	42.9	Receiving Tracheostomy Care	2.4	
Private Home/No Home Health	43.9	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning	0.0	
Private Home/With Home Health	0.0			Receiving Ostomy Care	7.1	
Other Nursing Homes	0.0	Mobility		Receiving Tube Feeding	4.8	
Acute Care Hospitals	33.3	Physically Restrained	7.1	Receiving Mechanically Altered Diets	38.1	
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	1.8	With Pressure Sores	14.3	Have Advance Directives	100.0	
Deaths	21.1	With Rashes	16.7	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs	61.9	
(Including Deaths)	57					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: Under 50 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.9	92.7	0.98	88.3	1.03	90.5	1.01	88.8	1.02
Current Residents from In-County	47.6	84.6	0.56	78.3	0.61	82.4	0.58	77.4	0.61
Admissions from In-County, Still Residing	6.7	20.5	0.33	28.4	0.23	20.0	0.33	19.4	0.34
Admissions/Average Daily Census	150.0	153.0	0.98	106.8	1.40	156.2	0.96	146.5	1.02
Discharges/Average Daily Census	142.5	153.6	0.93	105.3	1.35	158.4	0.90	148.0	0.96
Discharges To Private Residence/Average Daily Census	62.5	74.7	0.84	34.7	1.80	72.4	0.86	66.9	0.93
Residents Receiving Skilled Care	95.2	96.9	0.98	95.2	1.00	94.7	1.01	89.9	1.06
Residents Aged 65 and Older	95.2	96.0	0.99	95.8	0.99	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	69.0	54.6	1.26	56.6	1.22	62.7	1.10	66.1	1.05
Private Pay Funded Residents	21.4	32.6	0.66	34.0	0.63	23.3	0.92	20.6	1.04
Developmentally Disabled Residents	2.4	0.5	4.89	0.6	3.95	1.1	2.12	6.0	0.39
Mentally Ill Residents	64.3	37.4	1.72	41.0	1.57	37.3	1.72	33.6	1.91
General Medical Service Residents	19.0	20.2	0.94	13.6	1.41	20.4	0.93	21.1	0.90
Impaired ADL (Mean)	51.4	50.1	1.03	50.8	1.01	48.8	1.05	49.4	1.04
Psychological Problems	61.9	58.4	1.06	62.7	0.99	59.4	1.04	57.7	1.07
Nursing Care Required (Mean)	11.3	7.0	1.63	7.4	1.52	6.9	1.64	7.4	1.52